#### Austin, Texas 78711-2070 - 0FTVED (512)463-5800 1-800-325-8506 P.O.Box 12070 Texas Ethics Commission SPECIFIC-PURPOSE COMMITTEE OF SAN ANTONIO FORM SPAC **CAMPAIGN FINANCE REPORT** 2002 JUL 12 PM 12: 16 COVER SHEET PG 1 1 ACCOUNT# 2 Total pages this report: 1/18 The SPAC Instruction Guide explains how to (Ethics Commission filers) complete this form. 3 COMMITTEE NAME OFFICE USE ONLY COPS / Metro Alliance Democracy Committee **Date Received** ZIP CODE 4 COMMITTEE STATE: ADDRESS / PO BOX; APT / SUITE #; CITY: **ADDRESS** 925 San Pedro Change of Address Date Hand-delivered or Date Postmarked Suite 1 San Antonio TX 78212 Receipt # Amount TITLE FIRST 5 CAMPAIGN TREASURER Ms. Bernadette Date Processed NAME SUFFIX NICKNAME LAST Date Imaged Barrett ZIP CODE STATE: STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #: CITY: CAMPAIGN TREASURER'S STREET ADDRESS 925 San Pedro Suite 1 (Residence or business) San Antonio TX 78212 CITY; STATE; ZIP CODE APT / SUITE #: STREET OR PO BOX; 7 CAMPAIGN TREASURER'S MAILING ADDRESS 925 San Pedro Suite 1 X Change of Address San Antonio TX 78212 PHONE NUMBER EXTENSION AREA CODE 8 CAMPAIGN TREASURER (210) 222-8562 PHONE 9 REPORT TYPE Exceeded \$500 limit 30th day before election January 15 Dissolution (attach PAC-DR) 8th day before election X July 15 10th day after campaign treasurer termination Runoff

**ELECTION TYPE** 

Primary

**THROUGH** 

Runoff

Day

01/01/0002

Month

ELECTION DATE Day Year

10 PERIOD COVERED

11 ELECTION

Day

06/30/<del>0002</del> BB

Special

Month

General

## SPECIFIC-PURPOSE COMMITTEE

## FORM SPAC

REPORT: PU	RPOSE & 1	TOTALS 2007 UNL 12 PAILS	COVER SHEET PG 2
12 COMMITTEE NAME COPS / Metro Allian			CCOUNT # (Ethics Commission filers)
13 COMMITTEE PURPOSE	CANDIDATE	CANDIDATE / OFFICEHOLDER NAME	
(Attach lists on plain paper to complete this report if necessary.)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
SUPPORT		BALLOT IDENTIFICATION / # ELECTION D  Month Day Y	E .
☑ OPPOSE	'		
ASSIST (officeholders only)	<b>◯</b> MEASURE	DESCRIPTION Ordinance No. 95579	
14 NO REPORTABLE ACTIVITY	Check if no rep	ortable activity occurred during this reporting period. (Sign affidavid below and	d submit pages 1 and 2 only.)
15 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 11754.00	
EXPENDITURE TOTALS  3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  \$ 0.0			\$ 0.00
	4. TOTAL	POLITICAL EXPENDITURES	<b>\$</b> 9451.36
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 0.00
16 AFFIDAVIT	PAMELA L. HERMS	I swear, or affirm, under penalty of perjudent is true and correct and includes a reported by me under Title 15, Election	ll information required to be
	COMMISSION EXPIRES February 26, 2005	Signature of campaign	a treasurer
Sworn to and subscr	ibed before me, by	the said Bernadette Barrett  artify which, witness my hand and seal of office.	, this the 12th day
of July Signature of officer ad	F. Werm	2 Pameta L Herms 1	1:30 A·M·

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH & SPAC)

		2 11 12 PM	2: 16	
The Instruction	אס Guide explains how to complete this form.		1 Total pages this 2/18	report:
2 FILER NAME COPS / Metro	o Alliance Democracy Committee		3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC(ID# Mary F. Baird	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/06/0002	6 Contributor address; City; Sta 3218 Tavern Oaks	ate; Zip Code	10.00 [	
	San Antonio TX 78247			
9 Principal occup	pation (Optional)	10 Employer (Option	al)	
Date	Full name of contributor  ut-of-state PAC(ID#	)	Amount of	In-kind contribution
	Elia Basurto		contribution (\$)	description (if applicable)
05/13/0002	Contributor address; City; Sta c/o 925 San Pedro Suite 1 San Antonio TX 78212	ate; Zip Code	5.00	·
Principal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor	)	Amount of	In-kind contribution
	Neil J. B. Brown	· ·	contribution (\$)	description (if applicable)
04/29/0002	Contributor address; City; St. 5600 Vance Jackson	ate; Zip Code	15.00	
	San Antonio TX 78230			
Principal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Mary S. Cabral		CONTRIBUTION (\$)	description (ii applicable)
05/06/0002	227 Bella Vista	ate; Zip Code	5.00	
Principal occur	San Antonio TX 78228 pation (Optional)	Employer (Option	al)	
			,	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/14/0002	Contributor address; City; St	ate; Zip Code	30.00	
	c/o 925 San Pedro Suite 1 San Antonio TX 78212			
Principal occu	pation (Optional)	Employer (Option	al)	

	CAL CONTRIBUTIONS		NI UNIV	SCHEDULE A1 (FOR FORMS C/OH & SPAC)
The Instruct	ION GUIDE explains how to complete this form.		1 Total pages thi	
2 FILER NAMI	eo Alliance Democracy Committee			(Ethics Commission filers)
4 Date 04/05/0002	503 Drake Ave		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occu	San Antonio TX 78204  upation (Optional)	10 Employer (Optional	ai)	
Date 04/30/0002	Full name of contributor out-of-state PAC(ID#, William Duvall  Contributor address; City; Sta	ate; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occi	San Antonio TX 78230 upation (Optional)	Employer (Optiona	ai)	
Date	Full name of contributor out-of-state PAC(ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/13/0002	Contributor address; City; Sta c/o 925 San Pedro Suite 1 San Antonio TX 78212	ate; Zip Code	25.50	     
Principal occi	upation (Optional)	Employer (Option	al)	
Date	Full name of contributor  ut-of-state PAC(ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/27/0002	511 Royal Court	ate; Zip Code	100.00	
Principal occ	San Antonio TX 78228 upation (Optional)	Employer (Option	al)	
Date	Full name of contributor  ut-of-state PAC(ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/14/0002	1314 Hawles Meadow	ate; Zip Code	400.00	
Principal occ	San Antonio TX 78248 upation (Optional)	Employer (Option	ai)	

# Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 AECET (513)463-5800 1-800-325-8506 POLITICAL CONTRIBUTIONS OF SAN ANTONIO SCHEDULE A1

OTHER	THAN PLEDGES OR LOAI	<b>VS</b>	11 12 PN 12:	(FOR FORMS C/OH & SPAC)
The Instructi	ON GUIDE explains how to complete this form.	<u> </u>	1 Total pages this	report:
2 FILER NAME COPS / Metro	E o Alliance Democracy Committee		3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Full name of contributor  out-of-state PAC(ID# Mary Ann Guerra Trust of 1998		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/21/0002	125 E Huisache Ave	ate; Zip Code	50.00	
9 Principal occu	San Antonio TX 78212 pation (Optional)	10 Employer (Option	al)	
Date 05/06/0002	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; Sta 124 Trillium Trail San Antonio TX 78213	·		
Principal occu	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/05/0002	Contributor address; City; Sta 7186 Shady Grove San Antonio TX 78227	ate; Zip Code	9.00	
Principal occu	pation (Optional)	Employer (Option	lal)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/0002	Contributor address; City; St. 14710 Bitternut Woods Street  San Antonio TX 78249	ate; Zip Code	25.00	
Principal occu	pation (Optional)	Employer (Option	nal)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/03/0002	2552 West Woodlawn	ate; Zip Code	10.00	
Principal occu	San Antonio TX 78228  pation (Optional)	Employer (Option	l nal)	
•	· · · · · · · · · · · · · · · · · · ·		<u> </u>	

# POLITICAL CONTRIBUTIONS BITY OF SAN ARTOLIO SCHEDULE A1

The Instructi	ON GUIDE explains how to complete this form.		1 Total pages this report:
			5/18
FILER NAME COPS / Metr	E o Alliance Democracy Committee		3 ACCOUNT # (Ethica Commission filers) 1
Date	Full name of contributor	)	7 Amount of contribution (\$) 8 In-kind contribution (description (if application)
05/14/0002	510 Elvira	ate; Zip Code	5.00
Principal occu	San Antonio TX 78207 pation (Optional)	10 Employer (Option	al)
Date	Full name of contributor	)	Amount of In-kind contribution contribution (\$)
04/05/0002	1614 El Paso	ate; Zip Code	30.00
Principal occu	San Antonio TX 78207  Ipation (Optional)	Employer (Option	l l

**CORPORATE OR LABOR ORGANIZATION** 

### P.O.Box 12070 Austin, Texas 78711-2070

SCHEDULE C

1-800-325-8506

CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS			
The Instruction Guide explains how to complete this form.	1 Total pages this report: 6/18		
2 FILER NAME	3 ACCOUNT # (Ethics Commission file		

The Instruction	N Guide explains how to complete this form.	6/18	3
2 FILER NAME		3 ACCOUNT # (Et	hics Commission filers)
COPS / Metro	o Alliance Democracy Committee	1	
4 Date	5 Corporation / Labor Organization name Metro Alliance	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/25/0002	6 Corporation/Labor Organization address; City; State; Zip Code 925 San Pedro Suite 1 San Antonio TX 78212	2500.00	 
Date	Corporation / Labor Organization name  Metro Alliance	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/14/0002	Corporation/Labor Organization address; City; State; Zip Code 925 San Pedro Suite 1 San Antonio TX 78212	3000.00	 
Date	Corporation / Labor Organization name San Antonio Communities Organized for Public Service	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/25/0002	Corporation/Labor Organization address; City; State; Zip Code 925 San Pedro Suite 1 San Antonio TX 78212	2500.00	 
Date	Corporation / Labor Organization name San Antonio Communities Organized for Public Service	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/10/0002	Corporation/Labor Organization address; City; State; Zip Code 925 San Pedro Suite 1 San Antonio TX 78212	3000.00	 
	I		

#### Texas Ethics Commission POLITICAL EXPENDITURES SCHEDULE F 2012 JUL 12 DI 10: 15 Total pages report: 7/18 The Instruction Guide explains how to complete this form. 2 FILER NAME ACCOUNT # (Ethics Commission filers) COPS / Metro Alliance Democracy Committee Date 5 Payee name Amount (\$) Ace Carton and Tape 21.00 05/02/0002 6 Payee address; City; State; Zip Code 711 Florida San Antonio TX 78210 \*\* Complete if direct expenditure to benefit C/OH \*\* Purpose of expenditure (See instructions regarding type of information required.) Candidate / Officeholder name Office sought Office held card board material Date Payee name Amount (\$) Diana Arevalo 45.00 06/28/0002 Payee address; City; State; Zip Code c/o 925 San Pedro San Antonio TX 78212 Purpose of expenditure (See instructions regarding type of information required.) \*\* Complete if direct expenditure to benefit C/OH \*\* Candidate / Officeholder name Office held data entry contract services Amount Date Payee name (\$) Athletic Sewing Center 150.00 City; State; Zip Code 06/21/0002 Payee address; 7210 Eckhert Road San Antonio TX 78238 Purpose of expenditure (See instructions regarding type of \*\* Complete if direct expenditure to benefit C/OH \*\* Office held Candidate / Officeholder name information required.) campaign tee shirt Amount Payee name Date (\$) Elia Basurto 27.11 City; State; Zip Code Payee address; 05/06/0002 c/o 925 San Pedro Suite 1 San Antonio TX 78212 Purpose of expenditure (See instructions regarding type of \*\* Complete if direct expenditure to benefit C/OH \*\* Candidate / Officeholder name Office held information required.) reimbursement for petition expenses

(512)463-5800

P.O.Box 12070

#### 1-800-325-8506 POLITICAL EXPENDITURES SCHEDULE F Total pages report: 9/18 The Instruction Guide explains how to complete this form. 2 FILER NAME ACCOUNT # (Ethics Commission filers) COPS / Metro Alliance Democracy Committee Date 5 Payee name Amount Virginia Carrillo 21.12 06/22/0002 6 Payee address; City; State; Zip Code c/o 925 San Pedro Suite 1 San Antonio TX 78212 \*\* Complete if direct expenditure to benefit C/OH \*\* Candidate / Officeholder name Office sought Purpose of expenditure (See instructions regarding type of Office held information required.) reimbursement for petition expenses Payee name Amount Date City of San Antonio 500.00 06/10/0002 Pavee address: City; State; Zip Code City Hall Military Plaza 2nd Floor San Antonio TX 78204 Purpose of expenditure (See instructions regarding type of information required.) \*\* Complete if direct expenditure to benefit C/OH \*\* Office held Candidate / Officeholder name fee for petition copies Amount Date Payee name (\$) City of San Antonio 351.30 06/17/0002 Payee address; City; State; Zip Code City Hall Military Plaza 2nd Floor San Antonio TX 78204 \*\* Complete if direct expenditure to benefit C/OH \*\* Purpose of expenditure (See instructions regarding type of Office heid information required.) Candidate / Officeholder name Office sought petition copies Amount Payee name Date (\$) Beatrice Cortez 95.38 City; State; Zip Code Payee address; 06/24/0002 c/o 925 San Pedro San Antonio TX 78212 \*\* Complete if direct expenditure to benefit C/OH \*\* Purpose of expenditure (See instructions regarding type of Candidate / Officeholder name Office sought Office held information required.) petition drive expenses

## **POLITICAL EXPENDITURES**

Texas Ethics Commission

	CAL EXPENDITURES			CHEDULE F
		2002 JUL 12 PHIL:	16	
The Instruction	ONGUIDE explains how to complete this form.	1	Total pages report:	10/18
FILER NAME		3	ACCOUNT # (Ethics Co	ommission filers)
COPS / Metr	o Alliance Democracy Committee		1	
Date	5 Payee name		7	Amount (\$)
	Stephanie Cruz			(0)
06/28/0002	6 Payee address; City; State; Zip Code			11.25
	411 Montpelier			
	San Antonio TX 78228			
information red	penditure (See instructions regarding type of	9 · Complete if direct expenditure Candidate / Officeholder name	e to benefit C/OH ** Office sought	Office held
Date	Payee name	3/00		Amount (\$)
	Excelsior Printing			<b>、</b> ,
05/06/0002	Payee address; City; State; Zip Code			165.00
	2034 Rigsby Avenue			
	San Antonio TX 78210			
information re	penditure (See instructions regarding type of	** Complete if direct expenditur		
reproduction		Candidate / Officeholder name	Office sought	Office held
		Candidate / Officeholder name	Office sought	Amount
reproduction	Payee name  Excelsior Printing		Office sought	
reproduction  Date	Payee name  Excelsior Printing	Candidate / Officeholder name	Office sought	Amount
reproduction	Payee name  Excelsior Printing  Payee address; City; State; Zip Code		Office sought	Amount (\$)
reproduction  Date	Payee name  Excelsior Printing  Payee address; City; State; Zip Code 2034 Rigsby Avenue		Office sought	Amount (\$)
Date 06/11/0002	Payee name  Excelsior Printing  Payee address; City; State; Zip Code 2034 Rigsby Avenue San Antonio TX 78210  Expenditure (See instructions regarding type of equired.)			Amount (\$)
Date  06/11/0002  Purpose of exinformation re	Payee name  Excelsior Printing  Payee address; City; State; Zip Code 2034 Rigsby Avenue San Antonio TX 78210  Expenditure (See instructions regarding type of equired.)	** Complete if direct expenditure	re to benefit C/OH **	Amount (\$)  38.00  Office held
Date  06/11/0002  Purpose of exinformation resigns printing	Payee name  Excelsior Printing  Payee address; City; State; Zip Code  2034 Rigsby Avenue  San Antonio TX 78210  Expenditure (See instructions regarding type of equired.)	** Complete if direct expenditure	re to benefit C/OH **	Amount (\$) 38.00
Date  06/11/0002  Purpose of exinformation resigns printing	Payee name  Excelsior Printing  Payee address; City; State; Zip Code  2034 Rigsby Avenue  San Antonio TX 78210  penditure (See instructions regarding type of quired.)  Payee name	•• Complete if direct expenditure Candidate / Officeholder name	re to benefit C/OH **	Amount (\$)  38.00  Office held
Date  06/11/0002  Purpose of exinformation resigns printing	Payee name  Excelsior Printing  Payee address; City; State; Zip Code  2034 Rigsby Avenue  San Antonio TX 78210  Expenditure (See instructions regarding type of equired.)  Payee name  Andrew Guerra	•• Complete if direct expenditure Candidate / Officeholder name	re to benefit C/OH **	Amount (\$)  38.00  Office held  Amount (\$)
Date  O6/11/0002  Purpose of exinformation resigns printing	Payee name  Excelsior Printing  Payee address; City; State; Zip Code  2034 Rigsby Avenue  San Antonio TX 78210  penditure (See instructions regarding type of quired.)  Payee name  Andrew Guerra  Payee address; City; State; Zip Code	•• Complete if direct expenditure Candidate / Officeholder name	re to benefit C/OH **	Amount (\$)  38.00  Office held  Amount (\$)

POLITIC		ITY OF SAM AT CO.		CHEDULE F
		202 NII 12 PM 12:	16	
The Instruction	NGUIDE explains how to complete this form.		1 Total pages report:	11/18
2 FILER NAME			3 ACCOUNT # (Ethics Co	ommission filers)
COPS / Metro	Alliance Democracy Committee		1	
4 Date	5 Payee name		7	Amount (\$)
	Hispanic Broadcasting			(•)
05/09/0002	6 Payee address; City; State; Zip Code			2500.00
	1777 NE Loop 410 Suite 400 San Antonio TX 78217			
8 Purpose of exp information req radio air time	enditure (See instructions regarding type of uired.)	9 •• Complete if direct exper Candidate / Officeholder na		Office held
Date	Payee name			Amount
	Elaine Joseph			(\$)
05/17/0002	Payee address; City; State; Zip Code			29.50
00/11/0002	c/o 925 San Pedro			
	San Antonio TX 78212			
Purpose of exp information red Petition Gran		** Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH ** ame Office sought	Office held
Date	Payee name			Amount (\$)
	Olivia Joseph			(Ψ)
05/17/0002	Payee address; City; State; Zip Code			13.00
	c/o 925 San Pedro			
	San Antonio TX 78212			
Purpose of exp information red Petition Gran	Denditure (See instructions regarding type of quired.) t	•• Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH ** name Office sought	Office held
Date	Payee name			Amount
	KTSA			(\$)
05/06/0002	Payee address; City; State; Zip Code			650.00
00/00/0002	P.O.Box 730820			
	Dallas TX 75373			
Purpose of ex information re Radio air tim		Complete if direct exp Candidate / Officeholder i	enditure to benefit C/OH name Office sought	Office held
		1		

POLITIC	CAL EXPENDITURES	CITY OF SAILA	The state of the s	SCHEDULE F
		2892 JUL 12 Pi	112: 15	
The Instruction	NGUIDE explains how to complete this form.	-	1 Total pages repo	rt: 12/18
2 FILER NAME			3 ACCOUNT # (Eth	ics Commission filers)
COPS / Metro	Alliance Democracy Committee		11	
4 Date	5 Payee name		7	Amount (\$)
	KTSA			(.,
06/11/0002	6 Payee address; City; State; Zip Code			800.00
	P.O.Box 730820			
	Dallas TX 75373			
8 Purpose of exp information req air time adver	enditure (See instructions regarding type of uired.)	9 · Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH ame Office sought	
Date	Payee name			Amount (\$)
	Kinko's			
05/15/0002	Payee address; City; State; Zip Code			9.71
:	13424 San Pedro			
	San Antonio TX 78216			
Burnosa of ove	penditure (See instructions regarding type of	** Complete if direct expe	anditure to benefit C/OF	l **
information red	quired.)	Candidate / Officeholder r	name Office sought	Office held
reproduction	expenses			
	<u> </u>			A
Date	Payee name			Amount (\$)
	Eloisa Mahler			
05/17/0002	Payee address; City; State; Zip Code			12.00
	c/o 925 San Pedro			
	San Antonio TX 78212			
Purpose of exp information red Petition Gran		•• Complete if direct exp Candidate / Officeholder i	enditure to benefit C/Oh name Office sough	H ** t Office held
Date	Payee name			Amount
	Daniel Mansbach		1	(\$)
06/20/0000	Payee address; City; State; Zip Code			45.00
06/28/0002	c/o 925 San Pedro			10.00
D	San Antonio TX 78212	Complete if direct exp	enditure to henefit C/O	H **
information re	penditure (See instructions regarding type of quired.) ontract services	Candidate / Officeholder		

POLITIC	CAL EXPENDITURES	QUI 1 OF SA	1	SCHEDULE F
		2602.888 12	PH12: 17	
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages report:	13/18
2 FILER NAME	:		3 ACCOUNT # (Ethics	Commission filers)
COPS / Metro	Alliance Democracy Committee		1	
4 Date	5 Payee name		7	Amount (\$)
	Sylvia Martinez			(*)
06/05/0002	6 Payee address; City; State; Zip Code			17.00
	c/o 925 San Pedro			
	San Antonio TX 78212			
8 Purpose of exp information req parking for pe	Lenditure (See instructions regarding type of purifical purifical) stitling the second state of the second	9 Complete if direct exper Candidate / Officeholder na		• Office held
Date	Payee name			Amount
	Sylvia Martinez			(\$)
06/25/0002	Payee address; City; State; Zip Code			29.00
06/25/0002	c/o 925 San Pedro			29.00
D	San Antonio TX 78212		1 5 0 0 0 1	
information red	penditure (See instructions regarding type of juired.) nt for petition drive expenses	** Complete if direct experiments of the complete of the co		Office held
Date	Payee name			Amount
	Timothy E. McCallum			(\$)
05/15/0002	Payee address; City; State; Zip Code			141.34
00/10/0002	6001 Callaghan Road			717.07
	Suite 101			
Purpose of ext	San Antonio TX 78228 penditure (See instructions regarding type of	** Complete if direct expe	nditure to benefit C/OH *	*
information red		Candidate / Officeholder n	ame Office sought	Office held
Date	Payee name			Amount
	Timothy E. McCallum			(\$)
05/20/0002	Payee address; City; State; Zip Code			247.99
03/20/0002	6001 Callaghan Road			211,00
	Suite 101 San Antonio TX 78228			
Purpose of evi	penditure (See instructions regarding type of	· Complete if direct expe	enditure to benefit C/OH	•
information red		Candidate / Officeholder n		Office held
reimburseille	increal beginning exherises			
		<u> </u>		

exas Ethics Comm	ission P.O.Box 12070 Austin, Texas 787	VI (2) 1 V 11 V		)463-5800 1-800-325-850
POLITIC	CAL EXPENDITURES	DHY OF SAH	101 <b>40</b> X	SCHEDULE F
<u> </u>		2012 HH 12 PM	12: 17	
The Instruction	NGUIDE explains how to complete this form.		1 Total pag	es report: 14/18
FILER NAME			3 ACCOUN	NT # (Ethics Commission filers)
COPS / Metro	Alliance Democracy Committee	· · · · · · · · · · · · · · · · · · ·	1	
Date	5 Payee name			7 Amount (\$)
	Timothy E. McCallum			
06/11/0002	6 Payee address; City; State; Zip Code			213.50
	6001 Callaghan Road Suite 101 San Antonio TX 78228			
information red	penditure (See instructions regarding type of uired.) nner expenses	9 Complete if direct exper Candidate / Officeholder na		fit C/OH •• e sought Office held
Date	Payee name			Amount
	Office Depot			(\$)
05/20/0002	Payee address; City; State; Zip Code			97.37
03/20/0002	P.O.Box 9020			
	Desmoines IA 50368			
Purpose of ext	penditure (See instructions regarding type of	** Complete if direct expe	nditure to bene	efit C/OH **
information red clerical suppl	quired.)	Candidate / Officeholder n		ce sought Office held
Date	Payee name			Amount (\$)
	Linda Ortega			
05/20/0002	Payee address; City; State; Zip Code			29.00
	c/o 925 San Pedro			
	San Antonio TX 78212			
information red	penditure (See instructions regarding type of quired.) ant for petition expenses	•• Complete if direct expe Candidate / Officeholder n	enditure to bene name Offi	efit C/OH ** ce sought Office held
Date	Payee name	I		Amount
	Patricia Ozuna			(\$)
05/15/0002	Payee address; City; State; Zip Code			66.06
03/13/0002	c/o 925 San Pedro			
	San Antonio TX 78212			
information re	penditure (See instructions regarding type of quired.)	** Complete if direct expe Candidate / Officeholder r	enditure to ben name Off	efit C/OH ** ice sought Office held

### RECEIVEL P.O.Box 12070 1-800-325-8506 POLITICAL EXPENDITURES SCHEDULE F 2002 JUL 12 PH 12: 17 1 Total pages report: 15/18 The Instruction Guide explains how to complete this form. ACCOUNT # (Ethics Commission filers) 2 FILER NAME COPS / Metro Alliance Democracy Committee Date Payee name **Amount** (\$) Enriqueta Quinonez 172.65 06/27/0002 6 Payee address; City; State; Zip Code P.O.Box 806 Eagle Pass TX 78853 \*\* Complete if direct expenditure to benefit C/OH \*\* Purpose of expenditure (See instructions regarding type of Candidate / Officeholder name Office held information required.) reimbursement for petition expenses Amount Payee name Date Enriqueta Quinonez 234.83 06/30/0002 Payee address; City; State; Zip Code P.O.Box 806 Eagle Pass TX 78853 \*\* Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Purpose of expenditure (See instructions regarding type of Office held information required.) reimbursement for petition drive expenses Amount Date Payee name (\$) Reliable Office Supplies 127.26 City; State; Zip Code 05/15/0002 Payee address; 135 S Lasalle Street Dept 8001 Chicago IL 60674 \*\* Complete if direct expenditure to benefit C/OH \*\* Candidate / Officeholder name Office sought Purpose of expenditure (See instructions regarding type of Office held information required.) clip boards,pens and supplies Amount (\$) Date Payee name San Antonio Current Magazine City; State; Zip Code 470.00 05/15/0002 Payee address; 1500 North St Marys Street San Antonio TX 78215 \*\* Complete if direct expenditure to benefit C/OH \*\* Purpose of expenditure (See instructions regarding type of Candidate / Officeholder name Office held information required.) ad campaign

RECEIVED (5: OF SAN ANTONIO DUTY CLEEK

SCHEDULE I	

1-800-325-8506

Complete this form.  Committee  City; State; Zip Code or Committee  78212  Is regarding type of the code of Committee of Code or Committee	9 Complete if direct expe	Total pages     ACCOUNT     1	# (Ethics Commission Ners)  7 Amount (\$)  12.27
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P.O.Box 12070

POLITIC	CAL EXPENDITURES	SAH ANTONIO 200 UDB	S	CHEDULE F
		12 PH 2: 17		
The Instruction	on Guide explains how to complete this form.		1 Total pages report:	17/18
2 FILER NAME			3 ACCOUNT # (Ethics C	ommission filers)
COPS / Metro	Alliance Democracy Committee		1	
4 Date	5 Payee name		7	Amount (\$)
05/13/0002	Anita Sullivan  6 Payee address; City; State; Zip Code c/o 925 San Pedro			15.50
	San Antonio TX 78212			
8 Purpose of exp information red Petition Gran	penditure (See instructions regarding type of quired.) t	<ul> <li>9 Complete if direct expe Candidate / Officeholder no</li> </ul>		Office held
Date	Payee name			Amount (\$)
	Alicia Tallabas			(Ψ)
05/06/0002	Payee address; City; State; Zip Code			27.98
00/00/0002	c/o 925 San Pedro			
	San Antonio TX 78212			
information red	penditure (See instructions regarding type of quired.) int of petition expenses	** Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH ** lame Office sought	Office held
Date	Payee name			Amount (\$)
	Alicia Tallabas			(Φ)
05/20/0002	Payee address; City; State; Zip Code			22.80
00/20/0002	c/o 925 San Pedro			
	San Antonio TX 78212			
information re	penditure (See instructions regarding type of	•• Complete if direct expe Candidate / Officeholder r	enditure to benefit C/OH ** name Office sought	Office held
Date	Payee name			Amount (\$)
	Will Tejeda			(Ψ)
06/24/0002	Payee address; City; State; Zip Code			72.00
00.2 110002	c/o 925 San Pedro			
	San Antonio TX 78212			
information re	penditure (See instructions regarding type of	· Complete if direct exp Candidate / Officeholder	enditure to benefit C/OH • name Office sought	Office held
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POLITIC	CAL EXPENDITURES	72 JUL 12 PH 12:	and the second		S	CHEDULE F
The Instruction	DNGUIDE explains how to complete this form.		1	Total page	es report:	18/18
2 FILER NAME			3	ACCOUN	T# (Ethics Corr	mission filers)
COPS / Metro	o Alliance Democracy Committee			1		
4 Date	5 Payee name	·			7	Amount
	Totonico					(\$)
05/02/0002			• • • •			400.00
05/03/0002	6 Payee address; City; State; Zip Code 2311 West Martin					102.00
	San Antonio TX 78207					
8 Purpose of exp information req food	enditure (See instructions regarding type of uired.)	9			t C/OH ** sought	Office held
Date	Payee name				T	Amount
	Jim Whitton					(\$)
06/13/0002						793.74
06/13/0002	Payee address; City; State; Zip Code 1015 W 33rd Ave					793.74
	Amarillo TX 79109					
information req	enditure (See instructions regarding type of uired.) nt for petition expenses and supplies	** Complete if direct expe Candidate / Officeholder n	enditur eame	re to benefi Office	t C/OH ** sought	Office held
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